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Substitute for form 1449/PTO	Complete If Known		
	Application Number	101785175	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as mainy sheets as necessary)	Fiting Date		
	First Named Inventor	HUTCHINSON, BO	
	Art Unit		
	Examiner Name		
	Attorney Ducket Number	NJ 601	

			U. S. PATENT DO	CUMENTS	
Examiner Initials*	Cita No.	Document Number Number-Kind Code ^{8 (Visually)}	Publication Date MM-DO-YYYY	Name of Patentas or Applicant of Cited Document	Pages, Calumns, Unes, Where Relevant Passages or Relevant Figures Appear
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